



## **REQUEST FOR INFORMATION (RFI) 15-0216**

### **Catastrophic Inmate Medical Insurance**

**RFI Number:** 15-0216 **Contracting Officer:** B. Schwartzman  
**Issue Date:** May 11, 2015 **Response Date/Time:** May 27, 2015: 3:00 PM

#### **I. Request for Information (RFI)**

A RFI is an informal written document prepared and issued for the purpose of seeking information, comments, or reactions from industry regarding a specific or general issue or concern. A RFI may be used during the market research phase of an acquisition to assist the County in identifying potential proposers, approaches, general pricing estimates, or other relevant information. This specific RFI is intended to determine market conditions and vendor capabilities regarding provision of catastrophic medical insurance for Lake County Detention Center inmates.

#### **II. Designated Procurement Representative**

Responses to, and questions concerning any portion of, this RFI shall be directed in writing to Barnett Schwartzman as follows:

Lake County BCC  
Office of Procurement Services  
315 W. Main Street, Room 441  
PO Box 7800  
Tavares, FL 32778-7800

Phone: 352-343-9424 Fax: 352-343-9473 e-mail: [bschwartzman@lakecountyfl.gov](mailto:bschwartzman@lakecountyfl.gov)

#### **III. RFI Purpose and Process**

The purpose of this RFI is as stated in Section I above. The County intends to select one vendor to provide catastrophic inmate medical insurance in conjunction with the County's needs. Vendors are advised that the County considers compliance with the

following qualifications as an essential element for consideration of a vendor to provide these services:

- “A” Rating from A.M. Best’s Insurance Guide or appropriate financial documents to assure the bidder is a stable, sound and reasonable company.
- Authorized to do business in the State of Florida
- Ten (10) years of experience in writing this type of insurance coverage
- Ten (10) years of experience in dealing with law enforcement and correctional insurance.
- Internal policies to cover and be in compliance with HIPPA.

Attachment A describes the basic technical qualifying input that must be provided by any responding vendor. Vendors are encouraged to provide additional qualifying information in conjunction with their response to this RFI.

Please return three copies of the completed response to the RFI, each with a completed Attachment A, to the location stated in Section II above.

Response by the designated date and time will ensure full consideration of your response.

#### **IV. Overview of the Requirement**

Provide catastrophic inmate medical insurance for the inmates of the Lake County Department of Corrections including inpatient hospital services and outpatient surgical and associated physician services. Lake County’s inmate population has an average, daily population of 1,000. The successful firm will comply with all COBRA and HIPAA requirements. Coverage shall be guaranteed for a minimum of twelve (12) months. The plan year is October 1, 2015 through September 30, 2016. The following plan specifications outline the minimum performance requirements required by this request:

- Deductible and waiting period, if any – The bidder shall provide optional deductible plan to include; \$50,000, \$75,000, \$100,000 and \$125,000.
- AIDS/HIV and Pregnancy Coverage
- Coverage for prior to booking claims
- Monthly premium option
- Quarterly report of all incurred claims electronically in a format agreed upon by Lake County.

The vendor shall complete all documents required for administration of the work in all regards. The vendor shall provide all labor, supervision, materials, equipment and operations necessary to provide the required services in full accordance with all applicable regulation and statute. The vendor agrees to comply with all terms, conditions, and requirements of any governing regulatory entity having an established interface or controlling responsibility with the specific effort to be performed.

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**Catastrophic Inmate Medical Insurance**

**ATTACHMENT A  
Technical Response/Input**

Responding Vendor: \_\_\_\_\_  
Vendor Representative (printed name): \_\_\_\_\_  
Vendor Representative (printed title): \_\_\_\_\_  
Vendor Representative (signature): \_\_\_\_\_  
Vendor Address: \_\_\_\_\_  
\_\_\_\_\_  
Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_  
Vendor e-mail address: \_\_\_\_\_

**Technical Input:**

In addition to providing the information requested below, the vendor shall complete the attached "Work Reference" form in sufficient detail to enable the County to determine the adequacy of the vendor's performance record. Vendors may provide additional references by completing additional copies of the form. Vendors are welcome to provide additional information in support of their response to this RFI. Vendors are requested to provide a copy of each license described below with the initial response.

1. Years of general experience: \_\_\_\_\_
2. Years of specific experience: \_\_\_\_\_
3. Licenses and/or Certifications currently held by the responding vendor:

Description	License Number	Expiration date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Describe degree and nature of the responding vendor's public sector experience:

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## WORK REFERENCES

Agency	
Address	
City,State,ZIP	
Contact Person	
Telephone	
Date(s) of Service	
Type of Service	
Comments:	

Agency	
Address	
City,State,ZIP	
Contact Person	
Telephone	
Date(s) of Service	
Type of Service	
Comments:	

Agency	
Address	
City,State,ZIP	
Contact Person	
Telephone	
Date(s) of Service	
Type of Service	
Comments:	